

**ROBINSON BROG LEINWAND GREENE
GENOVESE & GLUCK P.C.**

875 Third Avenue
New York, New York 10022
A. Mitchell Greene
Steven B. Eichel
Proposed Attorneys for the Debtor and Debtor in Possession

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

-----X

In re: Chapter 11

ARTISANAL 2015, LLC, Case No: 17-12319-jlg

Debtor.

-----X

**DECLARATION OF SARID DRORY IN SUPPORT OF DEBTOR'S RESPONSE
TO MOTION OF 387 PARK SOUTH L.L.C. FOR DISMISSAL OF THE
BANKRUPTCY CASE WITH A PROHIBITION ON RE-FILING AND FOR A
DECLARATION THAT THE AUTOMATIC STAY DOES NOT PREVENT
ACTS TO RECOVER POSSESSION OF THE PREMISES OCCUPIED BY THE
DEBTOR; OR ALTERNATIVELY FOR (A) RELIEF FROM THE
AUTOMATIC STAY, (B) THE APPOINTMENT OF A CHAPTER 11 TRUSTEE,
OR (C) CONVERSION OF THE CASE TO CHAPTER 7**

SARID DRORY, does hereby affirm the following under penalties of perjury:

1. I am the Managing Member of Artisanal 2015, LLC (the "Debtor").
2. I am submit this declaration ("Declaration") in support of Debtor's Response to

Motion of 387 Park South L.L.C. for Dismissal of the Bankruptcy Case with a Prohibition on Re-Filing and for a Declaration that the Automatic Stay Does Not Prevent Acts to Recover Possession of the Premises Occupied by the Debtor; or Alternatively for (A) Relief from the Automatic Stay, (B) the Appointment of a Chapter 11 Trustee, of (C) Conversion of the Case to Chapter 7 (the "Response").

3. Except as otherwise set forth herein, the facts set forth in this Declaration are based on my personal knowledge, my review of the relevant documents, information provided to me by Stephanie Schulman, a member of the Debtor, or my opinions based upon experience and knowledge with the Debtor's business.

4. I have reviewed the Debtor's Response and hereby verify that the factual allegations set forth in paragraphs 9, 10, 12, 13, 18, 20, 23, 25, ,26, 28, and 33 are true and correct to the best of my knowledge, information and belief. If I were called upon testify, I could and would testify competently to the matters stated therein.

5. A copy of the email from me to Steve Gonzalez, dated August 9, 2016 is attached hereto as Exhibit A.

6. A copy of the Order to Show Cause entered in the matter styled *Artisanal 2015, LLC v. 387 Park South L.L.C.*, Index No. 650103/17 in the Supreme Court of the State of New York, County of New York, on January 6, 2017 is attached hereto as Exhibit B.

7. A copy of a certified check from Bank of America, dated March 9, 2017, is attached hereto as Exhibit C.

8. A copy of the email from me to Clare Adams and Michael Garcia, dated June 5, 2017, with Certificates of Liability Insurance are attached hereto as Exhibit D.

9. A copy of Certificates of Liability Insurance are attached hereto as Exhibit E.

10. A copy of the Workers Compensation and Employer Liability Certificates of Liability Insurance are attached hereto as Exhibit F.

11. A copy of Certificate of Property Insurance is attached hereto as Exhibit G.

12. A copy of the Affidavit of Neil A. Owens is attached hereto as Exhibit H.

13. A copy of Debtor's general contractor's Certificate of Liability Insurance is

hereto as Exhibit I.

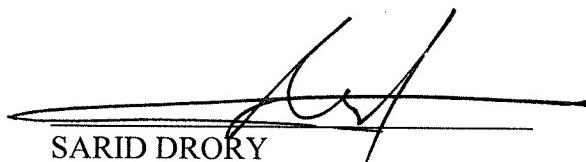
14. A copy of the letter from Massimo F. D'Angelo to Gadi Ben Hamo, dated June 29, 2017 is attached hereto as Exhibit J.

15. A copy of the demand letter from Stephanie Schulman, Esq. to Mr. Gadi Ben Hamo, dated July 20, 2017 (with account information redacted) is attached hereto as Exhibit K.

16. A copy of the Summons and Complaint in the matter styled Stephanie F. Schulman v. Palisades Dealer Funding LLC, filed in Supreme Court of the State of New York, County of Queens is attached hereto as Exhibit L.

I declare under penalty of perjury that the foregoing, and in accordance with 28 U.S.C. § 1746, that the foregoing is true and correct.

Executed on September 28, 2017



SARID DRORY

A handwritten signature in black ink, appearing to read "SARID DRORY". Below the signature, the name "SARID DRORY" is printed in a standard black font.

EXHIBIT A

Steven Eichel

From: Sarid Drory <nyc17sam@gmail.com>
Sent: Thursday, September 28, 2017 11:31 AM
To: Steven Eichel
Subject: Fwd: 387 PAS
Attachments: 387 doorman accepting chk \$5k 8.9.16 basement deposit.pdf

----- Forwarded message -----

From: **Sarid Drory** <nyc17sam@gmail.com>
Date: Tue, Aug 9, 2016 at 10:26 PM
Subject: 387 PAS
To: Steve Gonzalez <Steve.Gonzalez@tfcornerstone.com>
Cc: Michael Garcia <Michael.Garcia@tfcornerstone.com>, Nathan Logan <nlogan@mrestaurant.com>, Richard Frazer <rfrrazier@pryorcashman.com>, Jeffrey Goldman <JGoldman@bbwg.com>, Stephanie Schulman <sfs226@yahoo.com>, Shimon Pariente <shimonpariente@gmail.com>

Dear Mr Gonzalez,

1. You asked for a meeting on Tuesday at 2pm with you. i'm sorry to notify you i'm not a friend with your manager. me and Stephanie came on time TO MEET YOU IN PERSON and she left after half hour. we confirmed everything with your doorman. i believe you were busy and its fine its ok with us. nothing happened.
2. **Last week you called me and you asked me very weird request..to give up on my lease..and many other things in this style. about this question, or about this subject..there's nothing to talk about!!!!** if the bank wants my space and i mean MY space, tell them to contact me.
3. From this moment, i only want to have contact with you **specifically** i don't want to deal with your manager for anything. Stephanie finish spending time on her level with small inconsequential things. **She is current with her lease and doesn't have any problems. the only ones with problems is you guys. don't forget she is a real estate lawyer. Her time very expensive.** At her level, I cannot interrupt her anymore. Because it is just wasting her valuable time. She is in a very high position and her time costs so much money, you can't even imagine. I'm not trying to tease you, I am just telling you the truth!!!
4. The truth is you trust your building manager, that stopped my work in the last 4 months, that i believe is not him...**Mike is a good guy.** I believe your system is very slow. To give sign offs, and signed permits **in 8-12 weeks**..its very strange. Usually in the city, it should take 1 wk to 10 days top. Give me some slack. i build buildings and over 20 restaurants in the city. i know the authority inside and out and i know all the key members of every dept. i know all the rules that goes on.
5. I was very surprised from your phone call, that was **based mostly on gossip on the street.** We are very successful and have a lot of competition. People offer me everyday, stranger offer, but i refuse all of them.
6. We have a couple issues with our contractor, because we changed a couple plans inside the premises...nothing to do with you or your approval. its my call, my design, my restaurant..nothing to do with you or your building.

7. You have already put me under magnificent delays, just to authorize permits taking 8-13 wks. even a permit to approve insurance that should take 24 hrs, takes you guys 3 wks. with all due respect everything is on record. its very simple. but this is not the issue.

8. Nathan contacted your building manager last friday and prepared him and kindly asking him to finish the exhaust fan, and to sign off. He start putting me a condition and punishment,, and this punishment cost me tons of money. its against the lease period. I don't have any problem with you, but any damage from this moment will be calculated in the end. I want you to remember what i'm telling you right now. I am going by the lease, and your manager breaching the lease a million times already!!!

9. If tomorrow morning, I don't get any kind of signature for the exhaust fan, and whatever regarding Cobra, that your magnificent manager stopping us since last Friday to work honestly, for no reason. anyway you're going to pay for all these delays. i am not worried about it. but its not supposed to be like that. my landlord and I should keep a good relationship, and your manager avoid it!!!

10. your building mgr bring you gossip from the street and you're stopping my job, the way you want it. and the damage isn't about stopping the work, its about a huge transaction for a \$50MM entity. i hope you realize that!

11. Aerial, the construction company, their insurance for all her job expired because of 1 year completion so she had to renew it for all her businesses and tomorrow you're going to get our renewal as well, because she just started a new insurance. so your building mgr doesn't need to make all this drama. its nyc. he needs to verify everything before making false statements. it happens to every normal business. so if the permits stopped for us, it means she had to stop for all her other 7 jobs she has. it has nothing to do with us.

12. i signed with you something against my will, regarding the basement. i give you my signature and i gave you money. i don't know where is the problem!!!

13. I assumed you were going to meet me and Stephanie today, so I brought a \$5K check as I spoke face to face with Michael Garcia, do you want to hear this conversation too?? and this was for your construction in your basement, that also delayed our project, because your building mgr took his time doing whatever he wants. not only that, you took 1200 sq ft from me...and I've stayed quiet and swallowed it. i just want to try create a good and strong relationship with the landlord, and to pass over this hump. so because you didn't meet with us today, I left you \$5K with the doorman. I've attached the signature of the doorman, so now u have no more excuses to give me this room empty starting tomorrow morning, after i gave you deposit and for the construction. if its right or wrong, its not a time to question that. i just want our projection to move quickly and without any more delays.

14. At this point i don't see any reason to meet with you. I'm just going to explain to u right now, as well as everyone CC'd on this email whats going on.

15. Our projection is going on very well, we order overseas over \$3.8MM customized bar, chairs, booths, floors, lights, plates, silverware, and many other items, that i don't want to share or expose with anyone, because its fully confidential for the grand opening.

16. the new permits by Aerial will be on the door tomorrow because we are waiting along with all her other projects, so no reason for the drama your manager creating around you. and we keep working at full capacity.

17. regarding the 11th fl electrician and telecom issues...our offer is \$5800 that my contractor wants to do it. and as usual your Michael Garcia asking \$20K, i don't want to get ripped off by him. so you tell me by tomorrow, and not later than tomorrow, if you want to do it, or u want us to do it this weekend. and stop wasting my time anymore. i don't need to do meetings with you guys for no reason!!! from tomorrow i'm expecting the room of the walk in fridge be empty, after you've gotten your contract, down pmt, and the money to build the room of \$5K. i wanted to hand it to you today, but you didn't show up so i left it with the doorman. i don't have any problem with it, cuz i understand your busy. its really ok, i brought u a starbucks coffee, and a cheese platter..you lose not me. its a new cheese from south of france...so your loss not mine lol. if you want me to build the room, i don't have any problem, i'm going to save you money. i'm very good at that. so its about, what you want to do. just give me simple answer.

18. Steve, do me a big favor, make sure everything is signed by tomorrow to Cobra, in the morning and don't delay. My projection, because your manager feeling this is Manhattan NY. Dear Mr Gonzalez, you need to remember what im telling you right now, my contractor never going to answer or speak with your michael garcia manager.

A. Michael Garcia, the gentleman, calling her 10x a day and wasting her time. I sat with her today 3 hrs, and with all due respect, I hired a project manager Nathan Logan and he is the boss! your michael garcia can only talk with him, cuz she wont talk to him. hes wasting her time, and its a done deal, don't know why hes behaving like that, but tell him to only communicate with Nathan(the project mgr that cost me a lot of money and he answers 24/7) or he can call Sarid Drory, anytime til midnight. I will help him with everything he needs. I instructed her not to answer him whatsoever, cuz your wasting her time, and hes intimidating her.

19. Dear Steve, its very simple, anything you need from me, you just need to text, call or email me. i'm in the field 24/7 and i am the owner and its my projection. whatever you've asked you've gotten! sign the permit for the exhaust fan, clean the room for the walk in. by friday you'll have 2 applications. 1 for the sidewalk cafe(that has nothing to do with you), so tell michael to sign it cuz we need to file it. the liquor license we already filed to transfer to your location. so if you have something you need from me, call me. i have 2 lines...9174883483 or 2122674483, or my personal assistant 6468648512, so you have 3 lines to reach me.

--

Best
Mr Drory

--

Best
Sarid

EXHIBIT B

Ex Parte Application? Yes No
Notice Provided? Yes No

At IAS Part _____ of the Supreme Court of the State of New York, held in and for the County of New York, at the Courthouse located at 60 Centre Street, New York, NY, on January ___, 2017.

PRESENT: SHIRLEY WERNER KORNREICH
J.S.C.

Justice

X

ARTISANAL 2015, LLC,

Plaintiff,

ORDER TO SHOW CAUSE

- against -

387 PARK SOUTH L.L.C.,

Index No. 650103/17

Defendant.

X

MOTIONSEQUENCE #

00)

UPON reading and filing the accompanying summons with notice dated January 6, 2017, request for judicial intervention dated January 6, 2017, emergency affirmation of Hal N. Beerman dated January 6, 2017, the annexed affidavit of Sarid Drory sworn to January 6, 2017, and affirmation of Hal N. Beerman dated January 6, 2017, the exhibits annexed thereto, the accompanying memorandum of law dated January 6, 2017, and all of the pleadings, papers and proceedings heretofore had herein,

LET defendant show cause, at IAS Part 54, located in Room 228, in the Courthouse located at 60 Centre Street, New York, NY, on January 8, 2017, at 10 a.m./p.m., why an order should not be made and entered: (a) granting plaintiff a *Yellowstone* injunction tolling the expiration of the cure period set forth in defendant's Notice to Cure dated December 21, 2016, and enjoining and restraining defendant, its agents, representatives, attorneys, officers, affiliates, members, managers, directors, shareholders, employees, direct and indirect partners, heirs, executors, administrators, successors and assigns and each of them from taking any action to

terminate the lease between the parties pending a final determination herein of the parties' rights and obligations thereunder; and (b) granting plaintiff such other and further relief as the Court deems just and proper.

alleged
AND sufficient cause having been shown, it is hereby

ORDERED that, pending the hearing and determination of this motion, the expiration of the cure period set forth in defendant's Notice to Cure dated December 21, 2016, is stayed and tolled and defendant, its agents, representatives, attorneys, officers, affiliates, members, managers, directors, shareholders, employees, direct and indirect partners, heirs, executors, administrators, successors and assigns and each of them are enjoined and restrained from taking any action to terminate the lease between the parties; and it is further

JSC ORDERED that service of a copy of this order and the papers upon which it is granted upon defendant's attorneys (Newman Ferrara LLP, 1250 Broadway, 27th Floor, New York, NY 10001, attn: Lucas Ferrara, Esq.) by overnight delivery transmitted on or before January 27, 2017, shall be deemed good and sufficient; and it is further

e filed ORDERED that answering papers, if any, are to be served so as to be received by plaintiff's undersigned attorneys on or before January 27, 2017.

ENTER:

J.S.C.

GREENBERG TRAURIG, LLP
Attorneys for Plaintiff
200 Park Avenue
New York, New York 10166
(212) 801-9200

By: Hal Beerman
Hal N. Beerman, Esq.

SHIRLEY WERNER KORNREICH
J.S.C.

ORAL ARGUMENT
DIRECTED

J.S.C.

EXHIBIT C

EXHIBIT H

Notice to Purchaser - In the event that this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

Cashier's Check - Customer Copy

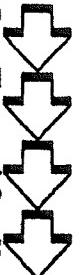
No. 1573224162

Void After 90 Days

30-11-140

Date 03/09/17 03:01:03 PM

PARK AVENUE SOUTH
0009 0010053 0105

Pay 
One Hundred Four Thousand One Hundred Fifty Two and 08/100 Dollars
To The T.F. CORNERSTONE
Order Of
RE: SECURITY AGAINST MECHANICAL LIEN

\$104,152.08

BANK OF AMERICA ONE ZERO FOUR ONE FIVE TWO CTSCTS

DU-53-3364B 11-2010

Remitter (Purchased By): TWO THOUSAND FIFTEEN ARTISANAL LLC

Bank of America, N.A.
SAN ANTONIO, TX

Not-Negotiable
Customer Copy
Retain for your Records

001641004977

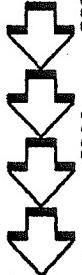
Bank of America 

Cashier's Check

No. 1573224162

Notice to Purchaser - In the event that this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

PARK AVENUE SOUTH
0009 0010053 0105

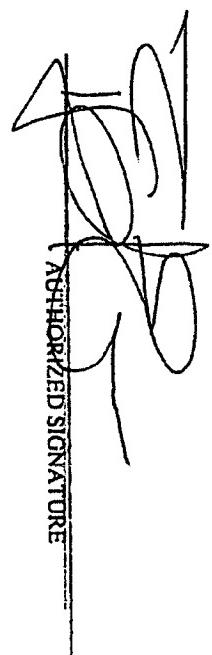
Pay 
**BANK OF AMERICA ONE ZERO FOUR ONE FIVE TWO CTSCTS

\$104,152.08

One Hundred Four Thousand One Hundred Fifty Two and 08/100 Dollars
To The T.F. CORNERSTONE
Order Of
RE: SECURITY AGAINST MECHANICAL LIEN

00-53-3364B 11-2010
Remitter (Purchased By): TWO THOUSAND FIFTEEN ARTISANAL LLC

Bank of America, N.A.
SAN ANTONIO, TX


AUTHORIZED SIGNATURE

COPIED BY CAPTURE AND IMAGE PROTECTION

EXHIBIT D

Steven Eichel

From: Sarid Drory <nyc17sam@gmail.com>
Sent: Tuesday, September 26, 2017 5:33 PM
To: Steven Eichel
Subject: Fwd: insurance certificates
Attachments: 20170602144245031.pdf; 20170602164435653.pdf

Best,
Sarid

Begin forwarded message:

From: Sarid Drory <nyc17sam@gmail.com>
Date: June 5, 2017 at 5:12:23 PM EDT
To: Clare Adams <Clare.Adams@tfcornerstone.com>, Michael Garcia <Michael.Garcia@tfcornerstone.com>
Subject: insurance certificates

Dear Clare and Michael

You asked for our insurance, so we are attaching the insurance for backdate and future insurance. please be advised. thank you so much

--
Best
Sarid



CERTIFICATE OF LIABILITY INSURANCE

ARTIS-8

OP ID: JH

DATE (MM/DD/YYYY)

06/02/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER E.B. Cohen & A.A.A., LLC Elias B. Cohen & Associates 101 Eisenhower Parkway Roseland, NJ 07068 Elias B. Cohen & Associates		CONTACT NAME: Elias B. Cohen & Associates PHONE (A/C. No. Ext): 973-403-9500 FAX (A/C. No): 973-403-7755 E-MAIL ADDRESS:
INSURED Artisanal 2015, LLC 387 Park Avenue South New York, NY 10016		INSURER(S) AFFORDING COVERAGE INSURER A: Admiral Indemnity Company NAIC # 44318 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	21-31508331-31	12/09/2016	06/02/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					
A	DED <input type="checkbox"/> RETENTION \$		21-31508331-31	12/09/2016	06/02/2017	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					N/A
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Additional Insured as respects to General Liability coverage: 387 Park South L.L.C., TF Cornerstone Inc., and their respective officers, directors, partners, trustees, principals, members, managers, employees, agents and representatives.						

CERTIFICATE HOLDER		CANCELLATION	
387 Park South LLC c/o TF Cornerstone as Agent 387 Park Avenue South New York, NY 10016		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Elias B. Cohen & Associates	

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CERTIFICATE OF LIABILITY INSURANCE

ARTIS-8 OP ID: JH

DATE (MM/DD/YYYY)

06/02/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER E.B. Cohen & A.A.A., LLC Elias B. Cohen & Associates 101 Eisenhower Parkway Roseland, NJ 07068 Elias B. Cohen & Associates		CONTACT NAME: Elias B. Cohen & Associates PHONE (A/C. No. Ext): 973-403-9500 FAX (A/C. No): 973-403-7755 E-MAIL ADDRESS:
INSURED Artisanal 2015, LLC 387 Park Avenue South New York, NY 10016		INSURER(S) AFFORDING COVERAGE INSURER A: United States Liability Ins. NAIC # 25895 INSURER B: Scottsdale Insurance Co. 41297 INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	CL1813669	06/01/2017	09/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Excluded \$
	GENL AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		XBS0076679	06/01/2017	09/01/2017	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						
Additional Insured as respects to General Liability coverage: 387 Park South L.L.C., TF Cornerstone Inc., and their respective officers, directors, partners, trustees, principals, members, managers, employees, agents and representatives.						

CERTIFICATE HOLDER

CANCELLATION

387 Park South LLC c/o TF Cornerstone as Agent 387 Park Avenue South New York, NY 10016	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE Elias B. Cohen & Associates	

EXHIBIT E



CERTIFICATE OF LIABILITY INSURANCE

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME: Stacey Everett	
New Agency Partners, LLC 99 Cherry Hill Road Suite 200 Parsippany NJ 07054		PHONE (A/C No. Ext.): (973) 588-1800	FAX (A/C No.): (973) 588-1801
		E-MAIL ADDRESS: severett@newagencypartners.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A Admiral Indemnity	NAIC # 44318
INSURED		INSURER B:	
Artisanal 2015, L.L.C. 2 Park Ave New York NY 10016		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: 387 Park Ave (15-16) REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

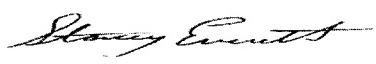
INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSR WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY					EACH OCCURRENCE	\$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	21-31508331-31	12/9/2015	12/9/2016	MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
A	AUTOMOBILE LIABILITY						\$
	<input type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Ea accident)	\$
	ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
	Hired AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$
	X UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR				PROPERTY DAMAGE (Per accident)	\$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				Liability	\$ 1,000,000
A	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		21-31508331-31	12/9/2015	12/9/2016	EACH OCCURRENCE	\$ 10,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N				AGGREGATE	\$ 10,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A			Personal & Advertising Injury	\$ 10,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					WC STATUS-TORY LIMITS	OTHER
						E.I. EACH ACCIDENT	\$
						E.I. DISEASE - EA EMPLOYEE	\$
A	Liquor Liability		21-31508331-31	12/9/2015	12/9/2016	E.I. DISEASE - POLICY LIMIT	\$
							\$1MM/\$1MM

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Re: 387 Park Avenue South, New York, NY 10016

Additional Insured as respects to General Liability coverage: 387 Park South L.L.C., TF Cornerstone Inc., and their respective officers, directors, partners, trustees, principals, members, managers, employees, agents and representatives.

CERTIFICATE HOLDER

CANCELLATION

387 Park South L.L.C. C/O TF Cornerstone as Agent 387 Park Avenue South New York, NY 10016	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Stacey Everett/SEE 



CERTIFICATE OF LIABILITY INSURANCE

ARTIS-8 OP ID: JH

DATE (MM/DD/YYYY)
06/02/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER E.B. Cohen & A.A.A., LLC Elias B. Cohen & Associates 101 Eisenhower Parkway Roseland, NJ 07068 Elias B. Cohen & Associates		CONTACT NAME: Elias B. Cohen & Associates PHONE (A/C, No. Ext): 973-403-9500 FAX (A/C, No.): 973-403-7755 E-MAIL ADDRESS:
INSURED Artisanal 2015, LLC 387 Park Avenue South New York, NY 10016		INSURER(S) AFFORDING COVERAGE INSURER A: Admiral Indemnity Company NAIC # 44318 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR	TYPE OF INSURANCE	ADDL INSO	SUR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		X	21-31508331-31	12/09/2016	06/02/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ex occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 OTHER: \$	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						COMBINED SINGLE LIMIT (Ex accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER: \$	
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS HIRED AUTOS <input type="checkbox"/>						EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 OTHER: \$	
A	UMBRELLA LIAB EXCESS LIAB	OCCUR	CLAIMS-MADE	21-31508331-31	12/09/2016	06/02/2017	PER STATUTE <input type="checkbox"/> OTH- ER: \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Additional Insured as respects to General Liability coverage: 387 Park South L.L.C., TF Cornerstone Inc., and their respective officers, directors, partners, trustees, principals, members, managers, employees, agents and representatives.								

CERTIFICATE HOLDER		CANCELLATION	
387 Park South LLC c/o TF Cornerstone as Agent 387 Park Avenue South New York, NY 10016		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Elias B. Cohen & Associates	

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CERTIFICATE OF LIABILITY INSURANCE

ARTIS-8

OP ID: JH

DATE (MM/DD/YYYY)

06/02/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER E.B. Cohen & A.A.A., LLC Elias B. Cohen & Associates 101 Eisenhower Parkway Roseland, NJ 07068 Elias B. Cohen & Associates		CONTACT NAME: Elias B. Cohen & Associates PHONE (A/C, No. Ext): 973-403-9500 FAX (A/C, No.): 973-403-7755 E-MAIL ADDRESS:	
INSURED Artisanal 2015, LLC 387 Park Avenue South New York, NY 10016		INSURER(S) AFFORDING COVERAGE INSURER A : United States Liability Ins. NAIC # 25895 INSURER B : Scottsdale Insurance Co. NAIC # 41297 INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:									
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.													
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY)	LIMITS							
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		X	CL1813669	06/01/2017 09/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Excluded \$							
	GENL AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:												
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			XBS0076679	06/01/2017 09/01/2017	COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$							
	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000												
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">PER STATUTE</td> <td style="width: 50%;">OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	PER STATUTE	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
	PER STATUTE					OTH-ER							
E.L. EACH ACCIDENT	\$												
E.L. DISEASE - EA EMPLOYEE	\$												
E.L. DISEASE - POLICY LIMIT	\$												
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Additional Insured as respects to General Liability coverage: 387 Park South L.L.C., TF Cornerstone Inc., and their respective officers, directors, partners, trustees, principals, members, managers, employees, agents and representatives.													

CERTIFICATE HOLDER		CANCELLATION	
387 Park South LLC c/o TF Cornerstone as Agent 387 Park Avenue South New York, NY 10016		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Elias B. Cohen & Associates	

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CERTIFICATE OF LIABILITY INSURANCE

ARTIS-8 OP ID: SP

DATE (MM/DD/YYYY)
09/13/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER E.B. Cohen & A.A.A., LLC Elias B. Cohen & Associates 101 Eisenhower Parkway Roseland, NJ 07068 Elias B. Cohen & Associates		CONTACT NAME: Elias B. Cohen & Associates PHONE (A/C No. Ext.): 973-403-9500 FAX (A/C No.): 973-403-7755 E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : United States Liability Ins. NAIC # 25895	
		INSURER B : Scottsdale Insurance Co. 41297	
		INSURER C : AmTrust Ins. Co. of Kansas 15954	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSPD WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		CL 1813669A	09/01/2017	12/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ex occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ OTHER: \$	
B	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ex accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER: \$	
B	UMBRELLA LIAB EXCESS LIAB <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		XBS0076679	06/01/2017	12/01/2017	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 OTHER: \$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	KWC1096701	06/12/2017	06/12/2018	<input checked="" type="checkbox"/> PER STATUTE OTHER: E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	
A	Property Section		CF 1559504A	09/12/2017	12/12/2017	BI/EE \$ 150,000 BPP \$ 125,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							

CERTIFICATE HOLDER

CANCELLATION

Office of the
United States Trustee
201 Varick Street
New York, NY 10014

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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EXHIBIT F



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/08/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Gloron Agency, Inc. 120 Broadway, 37th Floor New York, NY 10271	CONTACT NAME: Michael Silverman PHONE (A/C, No, Ext): (212) 248-4772 E-MAIL ADDRESS: msilverman@gloronagency.com INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Insurance INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C, No): (212) 480-4985 NAIC # 39357
INSURED Two Thousand Fifteen Artisanal, LLC 387 Park Avenue South New York, NY 10016		

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTS	TYPE OF INSURANCE	ADD'L INS'D WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ex occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ OTHER \$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ex accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$ OTHER \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	UB-2J19409A-17-42	02/17/2017	02/17/2018	PER STATUTE \$ 1,000,000 E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
387 Park South LLC c/o TF Cornerstone, Inc. 387 Park Avenue South 7th Floor New York, NY 10016	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

06/12/2017

ACORD CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER E.B. Cohen & A.A.A., LLC Elias B. Cohen & Associates 101 Eisenhower Parkway Roseland, NJ 07068 Elias B. Cohen & Associates	CONTACT NAME: Elias B. Cohen & Associates	
	PHONE (A/C, No, Ext): 973-403-9500	FAX (A/C, No): 973-403-7755
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : AmTrust Ins. Co. of Kansas	15954
INSURED Artisanal 2015, LLC 387 Park Avenue South New York, NY 10016	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$ \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
	OTHER:					
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>					EACH OCCURRENCE \$ AGGREGATE \$ \$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	KWC1096701	06/12/2017	06/12/2018	X PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Evidence of Coverage	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Elias B. Cohen & Associates 

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EXHIBIT G



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

06/12/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER E.B. Cohen & A.A.A., LLC Elias B. Cohen & Associates 101 Eisenhower Parkway Roseland, NJ 07068 Elias B. Cohen & Associates	CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL: ADDRESS: PRODUCER CUSTOMER ID: ARTIS-8	FAX (A/C, No):
INSURED Artisanal 2015, LLC 387 Park Avenue South New York, NY 10016	INSURER(S) AFFORDING COVERAGE INSURER A: United States Liability Ins.	NAIC # 25895
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)		

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	X PROPERTY	BINDER	1,000	06/12/2017	09/12/2017	BUILDING	\$
	CAUSES OF LOSS					PERSONAL PROPERTY	\$ 125,000
	BASIC					BUSINESS INCOME	\$ 150,000
	BROAD					EXTRA EXPENSE	\$
	SPECIAL					RENTAL VALUE	\$
	EARTHQUAKE					BLANKET BUILDING	\$
	WIND					BLANKET PERS PROP	\$
	FLOOD					BLANKET BLDG & PP	\$
	X EXCL. THEFT						\$
							\$
	INLAND MARINE	TYPE OF POLICY	POLICY NUMBER				\$
	CAUSES OF LOSS						\$
	NAMED PERILS						\$
	CRIME	TYPE OF POLICY					\$
A	X BOILER & MACHINERY / EQUIPMENT BREAKDOWN					Equipment Breakdown	\$ Included
							\$
							\$
							\$

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)	
---	--

CERTIFICATE HOLDER

CANCELLATION

Evidence of Coverage	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Elias B. Cohen & Associates

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EXHIBIT H

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

ARTISANAL 2015, LLC,

Index No.

387 PARK SOUTH, L.L.C.,

Plaintiff,

-against-

Defendant.

**INSURANCE
BROKER'S AFFIDAVIT
IN SUPPORT OF
ORDER TO SHOW
CAUSE**

STATE OF NEW YORK } ss.:
COUNTY OF NEW YORK ,

NEIL A. OWENS, CIC, Esq., being duly sworn, deposes and says:

1. I am the Senior Vice President of E. B. Cohen Insurance & Risk Management, a firm that has been providing risk management and servicing the insurance needs for the New York City hospitality industry since the early 1990s.
2. I am New York licensed insurance broker with over 18 years of experience in assessing risk and procuring proper coverage on behalf of my clients, many of whom operate restaurants in Manhattan. I am also a Certified Insurance counselor.
3. I was retained by Plaintiff in order to service its insurance needs in connection with the parties' underlying lease, and thus make this Affidavit based upon my personal knowledge.
4. With regard to the Workers' Compensation/Employers' Liability coverage, Plaintiff procured such coverage at the levels required by the Lease, effective, June 12, 2017, and going forward. In my humble opinion, since there has been no access to the Premises and no workers of any kind whatsoever because the Defendant is apparently

refusing access, little, if any, risk of loss exists. Even assuming that any contractors were presently building out the space, which they are not I am told, those contractors are required to maintain and furnish their own Workers' Compensation/Employers' Liability coverage as a precondition to going on site. Notwithstanding that this insurance is superfluous at this time in my opinion, in order to protect against the potential for an uninsured subcontractor for some future later date, coverage has been obtained effective June 12, 2017.

5. With regard to the property coverage, such policy was placed effective June 12, 2017. According to the Plaintiff, no improvements have been made to the Premises. More importantly, there is no known damage that would trigger coverage under any property insurance policy; thus, the landlord can be certain that there are no unknown claims. Since there are no unknown claims here, there is absolutely no risk that the Landlord has to contend with any unknown claims from the past.
6. I would like to further point out that it is highly unusual to get business income insurance before any business commences, such as here, during a renovation. During some renovations, loss of use or delay of opening coverage is sometimes available under a Builder's Risk policy.
7. It would seem reasonable to me for a landlord to request a Builder's Risk policy before any renovations actually begin. The coverage, in theory, would insure the continuing expenses and lost projected net income, due to a direct loss that delayed the renovation or required that it start again for whatever reason. Additionally, Builder's Risk also intends to insure physical assets (property), as such property is being installed to address the changing values of property over a period of time.

Again, since there do not appear to have been any direct damage losses, the landlord can be certain that there are no unknown claims for the period of time prior to June 12, 2017.

8. Attached hereto as Exhibit 1 is the Builder's Risk quote, which the Plaintiff could procure if necessary. The intent of this policy is to insure property as it is being installed, but should obviously not be obtained before the renovations begin.

Sworn to before me

June 14, 2017



NEIL A. OWENS, CIC, ESQ.


NOTARY PUBLIC
SEAN C RYAN
Notary Public of New Jersey
My Commission Expires Aug 3, 2017

EXHIBIT I



CERTIFICATE OF LIABILITY INSURANCE

AERIA-2

OP ID: SU

DATE (MM/DD/YYYY)

08/18/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER QUEENS MEDALLION BROKERAGE 21-03 44TH AVENUE LONG ISLAND CITY, NY 11101	CONTACT NAME: Stella Skoupas		
	PHONE (A/C, No. Ext): 718-784-9292	FAX (A/C, No): 718-707-3625	
INSURED AERIAL DESIGN BUILD SERVICES INC. 122 EAST 57TH STREET, ROOM 4R NEW YORK, NY 10022	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: COLONY INSURANCE CO.		39993
	INSURER B: MT. HAWLEY INSURANCE CO.		37974
	INSURER C: NATIONAL SPECIALTY INSURANCE		22608
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		X	103 GL 0010669-01	08/06/2016	08/06/2017	EACH OCCURRENCE	\$ 1,000,000
A	X waiver of subroga						DAMAGE TO RENTED PREMISES (Ex occurrence)	\$ 100,000
A	X contractual liab						MED EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> X HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			CNY 0007456-015-1	08/06/2016	08/06/2017	COMBINED SINGLE LIMIT (Ex accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
C	X UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			MXL-0423618	08/06/2016	08/06/2017	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE	OTHE
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

ADDITIONAL INSURED: OWNER, 387 PARK SOUTH LLC, TF CORNERSTONE INC AND THEIR RESPECTIVE MANAGERS, MEMBERS, GUARANTOR (IF ANY), DIRECTORS, OFFICERS, AND EMPLOYEES AND ML RESTAURANTS LLC.

CERTIFICATE HOLDER

CANCELLATION

387 PARK AVENUE SOUTH LLC 387 PARK AVENUE SOUTH NEW YORK, NY 10016	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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New York State Insurance Fund

Workers' Compensation & Disability Benefits Specialists Since 1914

199 CHURCH STREET, NEW YORK, N.Y. 10007-1100

Phone: (212) 587-2149

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

^^^^^ 454139465

BUILTECH ASSOCIATES INC
DBA AERIAL DESIGN & BUILD
122 E 57TH ST
NEW YORK NY 10022



Scan to Validate

POLICYHOLDER AERIAL DESIGN BUILD SERVICES INC 122 E 57TH ST NEW YORK NY 10022	CERTIFICATE HOLDER 387 PARK SOUTH LLC 2 PARK AVENUE NEW YORK NY 10016
--	--

POLICY NUMBER L2365 131-8	CERTIFICATE NUMBER 546265	PERIOD COVERED BY THIS CERTIFICATE 07/20/2016 TO 07/20/2017	DATE 7/18/2016
------------------------------	------------------------------	--	-------------------

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2365 131-8 UNTIL 07/20/2017, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF SAID POLICY IS CANCELLED, OR CHANGED PRIOR TO 07/20/2017 IN SUCH MANNER AS TO AFFECT THIS CERTIFICATE, 10 DAYS WRITTEN NOTICE OF SUCH CANCELLATION WILL BE GIVEN TO THE CERTIFICATE HOLDER ABOVE. NOTICE BY REGULAR MAIL SO ADDRESSED SHALL BE SUFFICIENT COMPLIANCE WITH THIS PROVISION. THE NEW YORK STATE INSURANCE FUND DOES NOT ASSUME ANY LIABILITY IN THE EVENT OF FAILURE TO GIVE SUCH NOTICE.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

This certificate can be validated on our web site at <https://www.nysif.com/cert/certval.asp> or by calling (888) 875-5790
VALIDATION NUMBER: 806030128

EXHIBIT J

ADAM LEITMAN BAILEY, P.C.

NEW YORK REAL ESTATE ATTORNEYS

ADAM LEITMAN BAILEY¹
COLIN E. KAUFMAN
DOV TREIMAN
MASSIMO F. D'ANGELO¹
JACQUES ERDOS¹
CAROLYN Z. RUALO¹
DAVID SMITH
SCOTT J. PASHMAN¹
JAMIE SCHARE FRIEDLAND¹
VLADIMIR MIRONENKO
ANDREW C. JORGES¹
DANNY RAMRATTAN

JOHN M. DESIDERIO
JEFFERY R. METZ
JACKIE HALPERN WEINSTEIN¹
ROSEMARY LIUZZO MOHAMED¹
CHRISTOPHER HALLIGAN
WILLIAM J. GELLER
ADAM M. SWANSON²
COURTNEY J. LERIAS¹
JOANNA C. PECK
RACHEL SIGMUND¹
JESSIE D. BONAROS
OF COUNSEL
LEONARD H. RITZ

¹ ALSO ADMITTED IN NEW JERSEY

² ALSO ADMITTED IN CONNECTICUT

June 29, 2017

**VIA UPS OVERNIGHT MAIL
& E-MAIL (gbh261@gmail.com)**

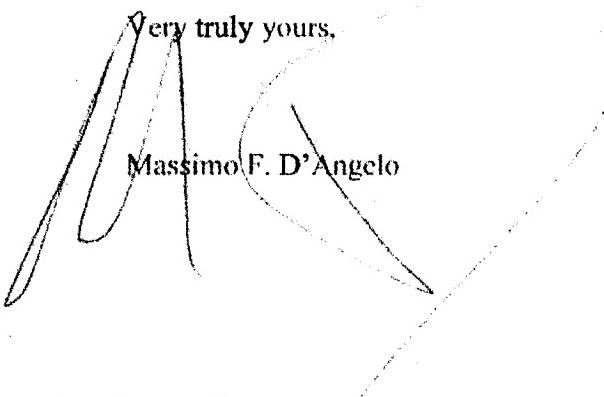
Gadi Ben Hamo
Palisades Dealer Funding LLC
7222 Queens Blvd.,
Flushing, NY 11377

Re: Artisanal 2015, LLC

This office represents Artisanal 2015, LLC ("Artisanal"). I am writing to advise you that based upon our office's examination of Artisanal's proofs of payment and conversations this office has had with counsel for Artisanal's landlord, 387 Park South, L.L.C., we believe in good faith that Artisanal's rent is currently paid up to date.

Should you have any questions, please do not hesitate to contact me.

MFD/di
cc: Client

Very truly yours,

Massimo F. D'Angelo

ATTORNEYS AND COUNSELORS AT LAW

ONE BATTERY PARK PLAZA, EIGHTEENTH FLOOR, NEW YORK, NY, 10004

T: (212) 825-0365 | E: INFO@ALBLAWFIRM.COM | WWW.ALBLAWFIRM.COM

EXHIBIT K

STEPHANIE SCHULMAN, ESQ.
240 PARK AVE. SOUTH, #2D
NEW YORK, NEW YORK 10003

July 20, 2017

Mr. Gadi Ben Hamon
Palisades Dealer Funding LLC
7222 Queens Blvd.
Woodside, NY 11377

**Re: Refundable Good Faith Deposit for Proposed Equipment Financing Facility–
Demand for Immediate Return**

Dear Mr. Ben Hamon:

I write to you as a courtesy ahead of further action as both applicant and as attorney on my behalf with respect to the contemplated equipment financing for Artisanal 2015, LLC.

Please be advised pursuant to our agreement, you are hereby instructed to immediately remit to me the refundable good faith deposit of \$80,000 posted by me, which as agreed would be immediately returned to me should the contemplated financing loan not close. As a reminder, the fact that these funds would be returned to me should the loan not fund was agreed at the outset of the loan discussions and further confirmed by you pursuant to our phone conversation the first week of July.

As a further reminder, these are personal funds deposited by me, not by company check, and do not belong to any other party you may make claim.

The contemplated loan transaction will not move forward and the loan will not be funded and accordingly the refundable good faith deposit of \$80,000 is immediately due and payable to me. As there have been assertions made on your behalf that you do not intend to return my deposit, be advised, there is no ambiguity in the return of my monies. Any attempt to withhold my funds and misappropriate is illegal and in violation of banking guidelines to which you are bound. Demand is hereby made for the return in full of the \$80,000, plus interest, by tomorrow 2:00pm, by wire transfer to my account pursuant to instructions on Schedule A attached.

Any failure or delay in remitting the funds to me will be met with severe consequences, including legal action and notification to banking regulators of your actions. As a member of the finance community, I am aware, as I am sure you know, that misappropriation and theft of client funds is a serious banking offense and will not be taken lightly. All rights to pursue action at equity and at law are reserved, holding you liable for any damages, including consequential and punitive, as well as alerting appropriate authorities and regulators for any continued failure by you to comply.

I trust you will act in accordance with our agreement and by banking guidelines.

Sincerely,



Stephanie Schulman

SCHEDULE A

Wire Instructions

Bank of America
100 West 33rd Street
NY, NY 10001
ABA No. **026009593**
Credit to: Merrill Lynch
Accnt #: **6550113516**
Further credit to: **Stephanie Schulman**
Account #: 857-61Y52

EXHIBIT L

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF QUEENS

-----X

Index No.:

STEPHANIE F. SCHULMAN

Plaintiff,

SUMMONS

-against-

PALISADES DEALER FUNDING LLC,
GADI BEN HAMO, and
VICTORIA S. VANDAGRIFT

Basis of Venue:
Defendant's Place of Business

Defendants.

Defendant's Place of Business:
72-12 Queens Boulevard
Woodside, New York 11377

-----X

TO THE ABOVE NAMED DEFENDANT:

YOU ARE HEREBY SUMMONED to answer the complaint in this action and to serve a copy of your answer, or, if the complaint is not served with this summons, to serve a notice of appearance, on the Plaintiff's attorney within twenty (20) days after the service of this summons, exclusive of the day of service [or within thirty (30) days after the service is completed if this summons is not personally delivered to you within the State of New York]; and in case of your failure to appear or answer, judgment will be taken against you by default for the relief demanded in the complaint.

DATED: White Plains New York
August 14, 2017



SALVATORE J. LIGA, ESQ.
SALVATORE LIGA & COMPANY, PLLC.
777 Westchester Avenue, Suite 101
White Plains, New York 10604
(877) 725-5442
(917) 591-8818 FAX
sliga@ligalaw.com
Attorney(s) for Plaintiff

**YOU MUST RESPOND BY SERVING A COPY OF THE ANSWER ON THE ATTORNEY FOR
THE PLAINTIFF AND FILING THE ANSWER WITH THE COURT**

**SALVATORE J. LIGA, ESQ., and the law Firm of SALVATORE LIGA & COMPANY P.L.L.C.
are debt collectors who are attempting to collect a debt. Any information obtained will be used for
that purpose and no improper purpose.**

TO: PALISADES DEALER FUNDING LLC
72-12 Queens Boulevard
Woodside, New York 11377

GADI BEN HAMO
330 East 75th Street, Apt. 35B
New York, New York 10021

VICTORIA S. VANDAGRIFF
330 East 75th Street, Apt. 35B
New York, New York 10021

**SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF QUEENS**

X

Index No.:

STEPHANIE F. SCHULMAN

Plaintiff,

-against-

**PALISADES DEALER FUNDING LLC,
GADI BEN HAMO, and
VICTORIA S. VANDAGRIFF**

VERIFIED COMPLAINT

Basis of Venue:

Defendant's Place of Business

Defendant's Place of Business:
72-12 Queens Boulevard
Woodside, New York 11377

Defendants.

X

**TO: THE SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF QUEENS**

On the basis of information and belief, the Plaintiff, STEPHANIE F. SCHULMAN by her attorney, SALVATORE J. LIGA ESQ., hereby alleges the following:

PARTIES

1. The Plaintiff is an individual who resides in New York County, within the City of New York.
2. The Defendant PALISADES DEALER FUNDING LLC is a foreign limited liability company authorized to do business in New York whose principal place of business is located at 72-12 Queens Boulevard, Woodside, New York 11377.
3. Defendants, GADI BEN HAMO and VICTORIA S. VANDAGRIFF, are husband and wife and are believed to be the beneficial owners of PALISADES DEALER FUNDING LLC. The couple is further believed to live in New York City, within the County of New York.

VENUE

4. Venue is based upon the Defendant's residence pursuant to NY CPLR §503(c). The Defendant is a foreign limited liability company whose principle place of business within the State of New York is at 72-12 Queens Boulevard, Woodside, New York 11377, within Queens County, New York..

FACTS

5. The Plaintiff is an entrepreneur building a restaurant in New York City.
6. The Plaintiff was seeking lines of credit and other forms of financing to facilitate her business venture.
7. The Defendant GADI BEN HAMO presented himself as the owner and sole decision maker for PALISADES DEALER FUNDING LLC.
8. After performing due diligence, the Defendants offered the Plaintiff a revolving credit line in the amount \$1,000,000 (ONE MILLION DOLLARS). As part of the due diligence, the Defendant ran the Plaintiff's credit.
9. Upon approving the credit line, the Defendants demanded the Plaintiff pay "EIGHT POINTS FOR ORIGINATING THE CREDIT LINE."
10. Relying upon the representations of the Defendants, the Plaintiff proceeded to borrow monies from a colleague and tendered a cashier check to the Defendants for \$80,000.00.

(EXHIBIT A)

11. The Defendants never gave the Plaintiff the credit line.
12. The Defendants never refunded the Plaintiff the \$80,000 it charged to originate the loan.
13. The Defendants laughed at the Plaintiff when she sought a refund of the monies paid.

14. The Plaintiff has subsequently suffered irreparable harm.

AS AND FOR A FIRST CAUSE OF ACTION

15. Plaintiff repeats and realleges each and every allegation set forth in paragraphs "1" through "14" hereof as if more fully set forth herein.
16. Despite paying the Defendants the agreed upon fee of \$80,000 fee to originate the credit line, Defendants failed to provide the Plaintiff with a credit line, loan or credit facility of any kind.
17. As a result of the foregoing, the Plaintiff is entitled to judgment against the Defendants for breach of contract in the amount of \$80,000.00, and all other costs and expenses to be imposed by the Court.

AS AND FOR A SECOND CAUSE OF ACTION

18. Plaintiff repeats, reiterates and realleges each and every allegation contained in paragraphs "1" through "17" hereof as if more fully set forth herein.
19. As a result of the monies given to the Defendant remain unpaid, the Defendants were unjustly enriched.
20. The Defendants received the benefit of the use of said funds, all to the detriment of the Plaintiff.
21. No consideration of any kind was given to Plaintiff in exchange for \$80,000 paid to the Defendants.
22. The Plaintiff is entitled to a judgment against the Defendants for unjust enrichment in the amount of \$80,000.00.

AS AND FOR A THIRD CAUSE OF ACTION

23. Plaintiff repeats, reiterates and re-alleges each and every allegation contained in paragraphs "1" through "20" hereof as if more fully set forth herein.
24. Plaintiff contends that the Defendants fraudulently induced her into paying the \$80,000.
25. Plaintiff alleges that the Defendants intentionally lied to her and either had no real intention or the needed resources to actually provide her with the million dollar credit line she was promised
26. The Defendants have refused to refund the "origination fee" despite the fact that no loan or credit line was actually "originated."
27. Plaintiff is entitled to judgment against the Defendants for fraudulent inducement in the amount of \$80,000.

WHEREFORE, Plaintiff demands

- a) Judgment against the Defendants for \$80,000.00;
- b) Costs and disbursements of this action;
- c) Such other and further relief as to the Court may deem just and proper.

DATED: White Plains, New York
August 14, 2017



SALVATORE J. LIGA, ESQ.
SALVATORE LIGA & COMPANY, PLLC.
777 Westchester Avenue, Suite 101
White Plains, New York 10604
(877) 725-5442
(917) 591-8818 FAX
sliga@ligalaw.com
Attorney(s) for Plaintiff

ATTORNEY VERIFICATION

STATE OF NEW YORK)
COUNTY OF WESTCHESTER) .:ss

SALVATORE J. LIGA, an attorney duly admitted to practice before the courts of the State of New York, affirms the following under penalties of perjury:

1. I am the principal of SALVATORE LIGA & COMPANY, PLLC, attorneys for the Plaintiff in the within action.
2. I have read the foregoing SUMMONS And VERIFIED COMPLAINT and know the contents thereof.
3. The same is true to my own knowledge, except as to matters stated therein to be alleged on information and belief, and as to those matters, I believe them to be true.
4. The grounds of my belief as to all matters stated upon my knowledge are based my review of documentation and extensive discussions with STEPHANIE F. SCHULMAN and her business partner SAIRD DRORY.
5. That I make this verification in place and instead of the Plaintiff in that she resides in a county different from my office.

DATE: August 14, 2017
White Plains, New York



SALVATORE LIGA & COMPANY, PLLC
BY: SALVATORE J. LIGA, ESQ.

EXHIBIT A

06000235

CASHIER'S CHECK



No. 00063935

55-760/3

DATE JUNE 22, 2017

PAY TO THE
ORDER OF PALISADES DEALER FUNDING LLC

EIGHTY THOUSAND AND 00 / 100*****

\$ 80,000.00

DOLLARS

STUART L MERZER

Security is
Included
Details on
www.pnc.com

REMITTER

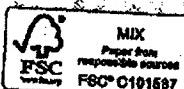
PNC Bank, National Association

OFFICIAL SIGNATURE

AP

#00063935# 1031207607#

8036601269#



SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF QUEENS

-----X

Index No.:

STEPHANIE F. SCHULMAN

Plaintiff,

-against-

PALISADES DEALER FUNDING LLC,
GADI BEN HAMO, and
VICTORIA S. VANDAGRIFF

Defendants.

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SUMMONS & VERIFIED COMPLAINT

Pursuant to 22 NYCRR 130-1.1, the undersigned, an attorney admitted to practice in the courts of the New York, certifies that upon information and belief and reasonable inquiry, the contentions contained herein are not frivolous.

DATE: August 14, 2017



SALVATORE J. LIGA, ESQ.

SALVATORE J. LIGA, ESQ.
SALVATORE LIGA & COMPANY, PLLC
777 Westchester Avenue, Suite 101
White Plains, New York 10604
(877) 725-5442
(917) 591-8818 Fax
sliga@ligalaw.com
Attorney For Plaintiff